

Facts From NLTS2

March 2008



U.S. Department of Education Institute of Education Sciences National Center for Special Education Research

NCSER 2008-3009

Authors:

Jennifer Yu Tracy Huang Lynn Newman SRI International

Contact:

David Malouf Institute of Education Sciences David.Malouf@ed.gov

Substance Use Among Young Adults With Disabilities

Substance use in the United States has been linked to a number of health and social consequences. For example, approximately 40 million occurrences of debilitating illnesses or injuries are associated with the use of alcohol, tobacco, and illegal drugs each year (National Institute on Drug Abuse 2007). Behavioral and social problems associated with problematic substance use include crime, violence, sexual risk-taking, and suicidality (National Institute on Drug Abuse 2007; Substance Abuse and Mental Health Services Administration 2007).

Empirical evidence regarding the prevalence of substance use among people with disabilities has been mixed, with some findings suggesting that substance use is similar or lower among individuals with disabilities than among the general population (Katims, Zapata, and Yin 1996; McCrystal, Percy, and Higgins 2007; McGillicuddy 2006; Moore and Siegal 1989; Rurangirwa et al. 2006), while other studies indicate a higher prevalence of alcohol, tobacco, or illegal drug use among individuals with disabilities (Blum, Kelly, and Ireland 2001; Gilson, Chilcoat, and Stapleton 1996; Hogan, McLellan, and Bauman 2000; Milberger et al. 1997). Such mixed findings may be due to the limited number of disabilities considered in these studies, the fact that most studies considered only one or a few substances, and the use of small cohort studies, all of which limited the generalizability of the findings (Barrett and Paschos 2006).

This fact sheet, based on data from the National Longitudinal Transition Study-2 (NLTS2), addresses the limitations of some

The National Longitudinal Transition Study-2 (NLTS2) has a nationally representative sample of more than 11,000 students who were in at least seventh grade and receiving special education services in the 2000-01 school year. This sample represents a national total of 1,838,848 youth with disabilities, according to federal child count figures (U.S. Department of Education 2002). Substance use data were collected from 2,640 young adults with disabilities who were at least 18 years old during Wave 3 of NLTS2. Telephone interviews and mail surveys (for those who could not be reached by phone) were conducted with young adults from spring through fall 2005, with a response rate of 67 percent. Weighting on disability category, age, race/ethnicity of young adults with disabilities reduced differences between Wave 3 eligible population and Wave 3 respondents to below 2 percent. NLTS2 was designed to provide a national picture of the characteristics, experiences, and achievements of youth with disabilities in the NLTS2 age range as they transition to young adulthood. Therefore, all the statistics presented in this fact sheet are weighted estimates of the national population of youth in the age group included here who had received special education in 2000-01 and of those in each disability category individually who satisfied the study's eligibility requirement. See http://www.nlts2.org for more information about the study.

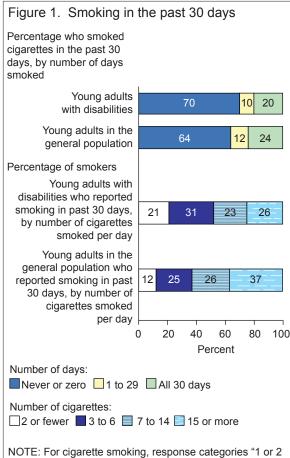
of these previous studies by providing a national picture of the prevalence rates of smoking, alcohol, and illegal drug use in young adults, ages 18 through 21,² with disabilities. This fact sheet also considers demographic characteristics of young adults with disabilities and the associations between such characteristics and tobacco, alcohol, and illegal drug use. Further, analyses of other nationally representative datasets provide comparisons of substance use between young adults with disabilities and those in the general U.S. population.³

Substance Use

NLTS2 asked young adults with disabilities to report the frequency with which they smoked cigarettes and drank alcohol in the past 30 days. In addition, they were asked to report use of illegal drugs, such as marijuana, cocaine, and any other illegal drugs.

Smoking

Seven in 10 young adults with disabilities (70 percent) reported not having smoked⁴ in the past 30 days (figure 1). One in five (20 percent) reported daily smoking during the past 30 days. Cigarette smoking rates reported by young adults with disabilities did not differ significantly⁵ when compared with rates reported by



NOTE: For cigarette smoking, response categories "1 or 2 days," "3 to 5 days," "6 to 9 days," "10 to 19 days," and "20 to 29 days" have been collapsed for reporting purposes. NLTS2 percentages are weighted population estimates based on samples of young adults with disabilities that range from approximately 580 for number of cigarettes smoked to 2,640 for number of days smoked.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2 (NLTS2), Wave 3 youth survey, 2005; National Institutes of Health, National Institute of Child Health and Human Development (NICHD), The National Longitudinal Study of Adolescent Health (Add Health), Wave III, 2001-02, responses calculated for 18- to 21-year-olds.

young adults in the general population.⁶ It should be noted that most comparisons with the general population were derived

Substance use typically peaks during young adulthood, often identified as any age from 18 to 25 (Park et al. 2006).

Young adults with disabilities are included in the general population comparison sample because excluding them would require using self-reported disability data, which frequently are not an accurate indicator of disability, resulting in both over- and under-estimations of disability.

Young adults were asked, "During the last 30 days, on how many days did you smoke cigarettes?"

Only statistically significant differences are mentioned in the text of this fact sheet.

All general population comparisons related to smoking in this fact sheet are based on data from the public-use version of the National Institutes of Health, National Institute of Child Health and Human Development (NICHD), The National Longitudinal Study of Adolescent Health (Add Health), Wave III, 2001-02 (Udry 2003). Comparison analyses of these weighted data include a subset of approximately 2,000 respondents, ages 18 through 21.

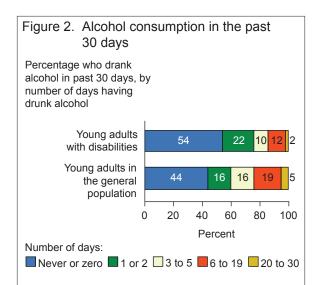
from a study conducted several years earlier than when NLTS2 data were collected and with different data collection methods and participation rates; general population comparisons should be interpreted with these limitations in mind.

Among young adults with disabilities who reported smoking, the average number of cigarettes smoked per day was 9 cigarettes,⁷ with numbers ranging from 2 cigarettes or fewer (21 percent) to 15 cigarettes or more (26 percent). In comparison, young adults in the general population who reported smoking smoked, on average, 12 cigarettes per day $(p < .05)^{8,9}$ and were more likely to smoke 15 or more cigarettes per day than those with disabilities (37 percent vs. 26 percent, p < .05).

Alcohol Consumption

More than half (54 percent) of young adults with disabilities reported not having consumed alcohol in the past 30 days. ¹⁰ However, alcohol consumption was the most frequent type of substance use reported by young adults with disabilities (compared with cigarette, marijuana, cocaine, and other illegal drug use; p < .001 for all

comparisons). Approximately 2 in 10 (22 percent) reported drinking alcohol on 1 or 2 of the past 30 days (figure 2). Ten percent reported having at least one alcoholic drink on 3 to 5 of the past 30 days, and 12 percent reported drinking on 6 to 19 of the past 30 days. Two percent of young adults with disabilities reported drinking on 20 or more of the past 30 days.



NOTE: For alcohol use, response categories "6 to 9 days" and "10 to 19 days" have been collapsed for reporting purposes. NLTS2 percentages are weighted population estimates based on a sample of approximately 2,640 young adults with disabilities.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2 (NLTS2), Wave 3 youth survey, 2005; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH), 2005, responses calculated for 18- to 21-year-olds.

Young adults were asked, "On the days you smoke, about how many cigarettes do you smoke in a day?"

Several types of analyses were conducted for this fact sheet, including between-group means, between-group percentages, and within-subject percentages. Because of the weighted nature of NLTS2 data, equality between the mean values of the responses to a single survey item in two disjoint subpopulations was based on a test statistic essentially equivalent to a two-sample *t* test for independent samples using weighted data. Sample sizes for each group being compared were never less than 30. For a two-tailed test, the test statistic was the square of the *t* statistic, which then followed an approximate chisquare distribution with one degree of freedom [i.e., an *F*(1, infinity) distribution].

No special adjustments were made to account for multiple comparisons. Given the number of comparisons made in this fact sheet, readers are cautioned to consider the possibility of false positives in interpreting the data.

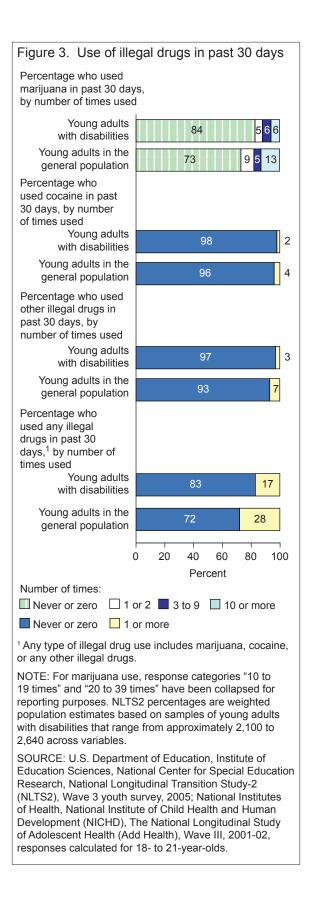
Young adults were asked, "During the last 30 days, on how many days did you have at least one drink of alcohol?"

Young adults with disabilities were less likely than their peers in the general population^{11, 12} to report having had an alcoholic drink in the past 30 days (46 percent vs. 56 percent, p < .01). They also were less likely to report consuming alcohol on most of the past 30 days (at least one drink each day in 20 to 30 days; 2 percent vs. 5 percent, p < .01).

Illegal Drug Use

Marijuana Use. More than 8 in 10 young adults with disabilities (84 percent) reported not using marijuana in the past 30 days¹³ (figure 3). They were less likely to report marijuana use than were young adults in the general population¹⁴ (16 percent vs. 27 percent, p < .001).

All general population comparisons related to illegal drug use in this fact sheet are based on data from the public-use version of the National Institutes of Health, National Institute of Child Health and Human Development (NICHD), The National Longitudinal Study of Adolescent Health (Add Health), Wave III, 2001-02 (Udry 2003), responses calculated for 18- to 21-year-olds.



All general population comparisons related to alcohol use in this fact sheet are based on weighted data from the public-use version of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH), 2005 survey (U.S. Department of Health and Human Services 2006). Comparison analyses of these weighted data included a subset of approximately 55,905 respondents ages 18 through 21 years old.

¹² The specific wording of the substance use questions in NLTS2 was derived predominantly from The National Longitudinal Study of Adolescent Health (Add Health), Wave I survey; consequently, general population comparisons in this fact sheet are based primarily on the young adult follow-up to Add Health (Wave III). The exception is alcohol use, for which the general population comparison is derived from the National Survey on Drug Use and Health (NSDUH), 2005 survey, because different time references (alcohol use in the "past 30 days" in NLTS2 compared with the "past 12 months" in Add Health) precluded the use of the Add Health Wave III dataset for this substance.

Young adults were asked, "During the last 30 days, how many times did you use marijuana?"

Five percent of young adults with disabilities reported using marijuana 1 or 2 times in the past 30 days, an additional 6 percent reported using marijuana 3 to 9 times, and 6 percent reported using marijuana 10 or more times. In comparison, more than twice as many young adults in the general population reported using marijuana 10 or more times in the past 30 days (13 percent vs. 6 percent, p < .001).

Cocaine Use. Almost all young adults with disabilities (98 percent) reported not using any form of cocaine, including powder, crack, or freebase, in the past 30 days. ¹⁵ No significant differences were reported in the rates of cocaine use between young adults with disabilities and young adults in the general population.

Other Illegal Drug Use. Three percent of young adults with disabilities reported using illegal drugs other than marijuana or cocaine, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills taken without a doctor's prescription. Compared with the reported 7 percent rate of substance use in the general population of young adults, those with disabilities were less likely to report use of illegal drugs other than marijuana or cocaine in the past 30 days (3 percent, p < .01).

Any Illegal Drug Use. Overall, the majority of young adults with disabilities (83 percent) reported not using any illegal drugs in the past 30 days. Young adults in the general population were more likely than those with disabilities to report the use of any illegal drugs (28 percent vs. 16 percent, p < .001).

Receipt of Substance Abuse Prevention Education and Services

When the young adults included in the NLTS2 sample attended high school, their schools were asked to report whether they offered substance abuse education. Almost three-quarters of the students attended high schools that reported offering this type of education. In a given school year, ¹⁷ more than half of the students were reported to receive substance abuse prevention education or services from their high schools (59 percent).

Differences in Substance Use and Receipt of Substance Abuse Prevention Education and Services, by Disability Category

Reported substance use, including smoking, alcohol consumption, and marijuana and other illegal drug use, varied by disability category.¹⁸

Smoking

The reported rate of smoking on one or more days in the past 30 days ranged from 10 percent to 53 percent across disability

Young adults were asked, "During the last 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?"

Young adults were asked, "During the last 30 days, how many times did you use any other kind of illegal drugs, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills that you took without a doctor's prescription?"

Data from the NLTS2 student's school program survey, Wave 1 (2001) and Wave 2 (2002); responses calculated for young adults included in this fact sheet. Completed school program surveys were returned for 60 percent of eligible sample members. School staff who were most familiar with the student's program were asked to "indicate whether this student will have received substance abuse prevention education or services this school year."

The terminology for classifying students who receive special education services that is used here is specified in federal regulations for the implementation of the Individuals With Disabilities Education Act Amendments of 1997 (P.L. 105-17), 111 Stat. 37-157. Information about the nature of students' disabilities came from rosters of all students in the NLTS2 age range receiving special education services in the 2000-01 school year under the auspices of participating local education agencies and state-supported special schools. In analyses in this fact sheet, each student was assigned to a disability category on the basis of the primary disability designated by the student's school or district.

categories (table 1). Young adults with emotional disturbances had the highest reported percentage of cigarette smoking among all disability groups; more than half (53 percent) reported smoking on one or more of the past 30 days. This rate was higher than those reported by individuals with learning disabilities (30 percent, p < .01), traumatic brain injuries (30 percent, p < .05), other health impairments (28 percent, p < .001), speech/ language (22 percent, p < .001) or hearing impairments (22 percent, p < .001), mental retardation (21 percent, p < .001), deafblindness (19 percent, p < .001), multiple disabilities (14 percent, p < .001), visual impairments (14 percent, p < .001), autism (11 percent, p < .001), or orthopedic impairments (10 percent, p < .001).

A larger percentage of young adults with learning disabilities (30 percent) reported smoking in the past 30 days, compared with those in several other disability categories, including visual impairment (14 percent, p < .05), autism (11 percent, p < .01), and orthopedic impairment (10 percent, p < .001). The reported rate of cigarette smokers among young adults with other health impairments (28 percent) also was higher than those for young adults with visual impairments (14 percent, p < .05), autism (11 percent, p < .05), or orthopedic impairments (10 percent, p < .01). Young adults with traumatic brain injuries (30 percent) or speech/language impairments (22 percent) reported a higher rate of smoking compared with individuals with orthopedic impairments (10 percent, p < .05 for both comparisons).

From 5 percent to 39 percent of young adults with disabilities reported smoking daily during the past 30 days. Young adults with emotional disturbances reported a higher rate of daily smoking (39 percent) than those in all other disability

categories, including young adults with other health impairments (22 percent, p < .05), learning disabilities (20 percent, p < .01), speech/language impairments (13 percent, p < .001), traumatic brain injuries (12 percent, p < .001), deaf-blindness (12 percent, p < .001), hearing impairments (10 percent, p < .001), multiple disabilities (9 percent, p < .001), mental retardation (8 percent, p < .001), visual impairments (8 percent, p < .001), orthopedic impairments (8 percent, p < .001).

Young adults with other health impairments (22 percent) were more likely to report smoking every day than individuals in 9 of the 11 other disability categories, including young adults with hearing impairments (10 percent, p < .05), mental retardation (8 percent, p < .05), visual impairments (8 percent, p < .05), orthopedic impairments (8 percent, p < .01), or autism (5 percent, p < .01).

A larger percentage of young adults with learning disabilities (20 percent) reported daily smoking than did young adults with mental retardation (8 percent, p < .05), visual impairments (8 percent, p < .05), orthopedic impairments (8 percent, p < .05), or autism (5 percent, p < .01).

Young adults with disabilities who reported smoking in the past 30 days reported smoking from 7 to 11 cigarettes per day, a number that varied according to disability category. Among young adults who reported smoking, those with emotional disturbances reported smoking an average of 11 cigarettes per day, whereas young adults with speech/language impairments reported smoking an average of 7 cigarettes per day, a difference that was significant (p < .05).

Table 1. Reported substance abuse in past 30 days, by disability category

	Learning disability	Speech/ language impair- ment	Mental retar- dation	Emo- tional distur- bance	Hearing impair-ment	Visual impair- ment	Ortho- pedic impair- ment	Other health impair- ment	Autism	Trau- matic brain injury	Multiple disabili- ties	Deaf- blind- ness
Cigarette use												
Percentage who smoked one or more days in the past 30 days	30	22	21	53	22	14	10	28	11	30	14	19
Percentage who smoked every day in the past 30 days	20	13	8	39	10	8	8	22	5	12	9	12
Mean number of cigarettes smoked per day in the past 30 days by those who smoked	8	7	7	11	7	9	7	11	‡	‡	‡	‡
Alcohol use: Percentage who had one or more drinks in past 30 days	51	41	20	54	36	42	20	42	12	36	18	30
Marijuana use												
Percentage who used one or more times in the past 30 days	16	14	6	33	12	10	5	14	2	14	5	5
Percentage who used 10 or more times in the past 30 days	6	4	0.3	16	2	3	2	5	0.6	11	3	0
Cocaine use: Percentage who used one or more times in the past 30 days	3	1	1	3	0	0	0	2	0	3	0	0
Other illegal drug use: Percentage who used one or more times in the past 30 days	2	3	1	10	2	5	4	4	5	1	0.1	5
Any illegal drug use: Percentage who used one or more times in the last 30 days	16	15	7	36	12	14	7	16	6	15	6	7

[‡] Responses for items with fewer than 30 respondents are not reported.

NOTE: Any illegal drug use includes marijuana, cocaine, and other illegal drug use. Percentages are weighted population estimates based on samples of young adults with disabilities that range from approximately 2,100 to 2,640 across variables.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2 (NLTS2), Wave 3 youth survey, 2005.

Alcohol Consumption

The percentage of young adults who reported having one or more alcoholic drinks in the past 30 days ranged from 12 percent to 54 percent across disability categories. Young adults with emotional disturbances were more likely to report having had at least one alcoholic drink in the past 30 days (54 percent) than young adults with hearing impairments (36 percent, p < .05), deafblindness (30 percent, p < .05), mental retardation (20 percent, p < .001), orthopedic impairments (20 percent, p < .001), multiple disabilities (18 percent, p < .001), or autism (12 percent, p < .001).

The reported use of alcohol in the past 30 days for young adults with learning disabilities (51 percent) was higher than that for young adults with deaf-blindness (30 percent, p < .05), mental retardation (20 percent, p < .001), orthopedic impairments (20 percent, p < .001), multiple disabilities (18 percent, p < .001), or autism (12 percent, p < .001).

Young adults with visual (42 percent), other health (42 percent), or speech/language impairments (41 percent) reported higher rates of alcohol use in the past 30 days than did those with mental retardation (20 percent; p < .05 for visual impairments, p < .01 for other health and speech/language impairments), orthopedic impairments (20 percent, p < .01 for all comparisons), multiple disabilities (18 percent; p < .05 for visual impairments, p < .01 for other health and speech/language impairments), or autism (12 percent, p < .001 for all comparisons).

Young adults with hearing impairments (36 percent) were more likely to report having had one or more drinks in the past 30 days than were those with orthopedic impairments (20 percent, p < .05) or autism (12 percent, p < .01). Finally, young adults

with traumatic brain injuries (36 percent) were more likely to report alcohol use than those with autism (12 percent, p < .05).

Marijuana and Cocaine Use

Reported marijuana use ranged from 2 percent to 33 percent for young adults across disability categories. One-third (33 percent) of young adults with emotional disturbances reported having used marijuana in the past 30 days, a rate more than twice that of young adults in the next highest category (learning disabilities; 16 percent, p < .01) and higher than those reported by young adults in all other disability categories: those with speech/language impairments (14 percent, p < .01), other health impairments (14 percent, p < .01), traumatic brain injuries (14 percent, p < .05), hearing impairments (12 percent, p < .01), visual impairments (10 percent, p < .001), mental retardation (6 percent, p < .001), orthopedic impairments (5 percent, p < .001), deaf-blindness (5 percent, p < .001), multiple disabilities (5 percent, p < .001), or autism (2 percent, p < .001).

A larger percentage of young adults with learning disabilities (16 percent) reported using marijuana in the past 30 days than did those with deaf-blindness (5 percent, p < .05), orthopedic impairments (5 percent, p < .05), or autism (2 percent, p < .001). A greater percentage of individuals with speech/language impairments (14 percent) or other health impairments (14 percent) reported using marijuana in the past 30 days than did individuals with orthopedic impairments (5 percent, p < .05 for both comparisons) or autism (2 percent, p < .01for both comparisons). Finally, young adults with hearing impairments (12 percent) reported a higher rate of marijuana use than did those with autism (2 percent, p < .05).

With regard to frequency of use, young adults with emotional disturbances (16 percent) were more likely to report having used marijuana 10 or more times during the past 30 days than were young adults in most other disability categories, including young adults with learning disabilities (6 percent, p < .05), other health impairments (5 percent, p < .05), speech/ language impairments (4 percent, p < .05), multiple disabilities (3 percent, p < .05), visual impairments (3 percent, p < .01), orthopedic impairments (2 percent, p < .01), hearing impairments (2 percent, p < .01), autism (0.6 percent, p < .001), or mental retardation (0.3 percent, p < .001). A larger percentage of young adults with learning disabilities (6 percent) reported marijuana use 10 or more times during the past 30 days than did those with mental retardation (0.3 percent, p < .05).

Across disability categories, reported cocaine use in the past 30 days ranged from less than 1 percent to 3 percent. Young adults did not differ significantly in their reported use of cocaine by disability category.

Other Illegal Drug Use

The reported rate of using illegal drugs other than marijuana or cocaine in the past 30 days ranged from less than 1 percent to 10 percent across disability categories. Young adults with emotional disturbances (10 percent) were more likely to report using other illegal drugs than were those with learning disabilities (2 percent, p < .05), hearing impairments (2 percent, p < .05), mental retardation (1 percent, p < .05), traumatic brain injuries (1 percent, p < .05), or multiple disabilities (0.1 percent, p < .05).

Any Illegal Drug Use

When considering any type of illegal drug use in the past 30 days, young adults with emotional disturbances had the

highest reported rate (36 percent) across all disability categories. They were more likely to report using any illegal drugs than those with learning disabilities (16 percent, p < .01); other health impairments (16 percent, p < .01); traumatic brain injuries (15 percent, p < .05); speech/language (15 percent, p < .001), visual (14 percent, p < .01), hearing (12 percent, p < .001), or orthopedic impairments (7 percent, p < .001); deaf-blindness (7 percent, p < .001); mental retardation (7 percent, p < .001); autism (6 percent, p < .001); or multiple disabilities (6 percent, p < .001).

Substance Abuse Prevention Education and Services

There were no significant differences across disability categories in the reported receipt of substance abuse prevention education or services when these young adults were students in high school (table 2).

Differences in Substance Use and Receipt of Substance Abuse Prevention Education and Services, by Demographic Characteristics

Reported substance use varied by demographic characteristics. However, reported receipt of substance abuse prevention education and services did not differ significantly by gender, race or ethnicity, age, or household income.

Gender

In contrast to findings for the general population, where males were more likely than females to report smoking and drinking, 19 there were no significant gender differences in percentages who reported

All demographic characteristic comparisons with young adults in the general population are based on data from The National Longitudinal Study of Adolescent Health (Add Health), Wave III, 2001-02 (Udry 2003) and the National Survey on Drug Use and Health (NSDUH), 2005 survey (U.S. Department of Health and Human Services 2006), responses calculated for 18- to 21-year-olds.

Table 2. Substance abuse prevention education and services, by disability category

	Learning disability	Speech/ language impair- ment	Mental retar- dation	Emo- tional distur- bance	Hearing impair- ment	Visual impair- ment	Ortho- pedic impair- ment	Other health impair- ment	Autism	Trau- matic brain injury	Multiple disabili- ties	Deaf- blind- ness
	Percent											
Student received substance abuse prevention education or services	62	45	48	57	65	53	57	58	44	54	51	‡

[‡] Responses for items with fewer than 30 respondents are not reported.

NOTE: Any illegal drug use includes marijuana, cocaine, and other illegal drug use. Percentages are weighted population estimates based on a sample of approximately 850 students.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2 (NLTS2), student's school program questionnaire, Wave 1 (2001) and Wave 2 (2002).

smoking, average number of cigarettes smoked, or use of alcohol among young adults with disabilities.

Males with disabilities were more likely than females to report having used marijuana in the past 30 days (20 percent vs. 9 percent, p < .05). Males also were more likely to report using marijuana 10 times or more in the past 30 days (9 percent vs. 1 percent, p < .01). There were no significant gender differences in reported cocaine or other illegal drug use. These findings parallel those in the general population, where reported marijuana use also was higher for males than females, but where reported cocaine and other illegal drug use did not differ by gender.

Race or Ethnicity

Among young adults with disabilities, neither the reported prevalence of cigarette smoking nor the average number of cigarettes smoked per day differed by race or ethnicity.²⁰ In terms of daily cigarette use, White young adults were more likely to report smoking cigarettes every day in the

past 30 days than were African American (11 percent, p < .05) and Hispanic young adults with disabilities (10 percent, p < .05). In the general population, prevalence and frequency of reported cigarette smoking were higher for White young adults than for their African American or Hispanic peers. Additionally, the reported average number of cigarettes smoked per day was higher among White young adults than among those who were African American.

Reported use of alcohol, marijuana, cocaine, or other illegal drugs did not differ significantly by race or ethnicity among young adults with disabilities. In contrast, White young adults in the general population reported a higher rate of marijuana use than Hispanic young adults, and higher rates of alcohol and other illegal drug use than their African American or Hispanic peers.

Age

Young adults with disabilities did not show a significant difference by age for reported cigarette smoking, average number of cigarettes smoked per day, or alcohol, marijuana, cocaine, or other illegal drug use. In contrast, in the general population, reported substance use varied by age group, with those 20 to 21 years old reporting a

Wave 1 parent telephone interview or mail survey data are the source for data about young adults' gender and race/ethnicity. The racial/ethnic categories included in the NLTS2 analyses are White, African American, and Hispanic.

higher rate of alcohol use than those 18 to 19 years old, and 19-year-olds reporting a higher rate of marijuana use than those 20 to 21 years old and a higher rate of any illegal drug use than those 18 and 20 to 21 years old.

Household Income

Young adults with disabilities from households with annual incomes²¹ exceeding \$50,000 were more likely to report drinking alcohol than were those from lower income households (incomes of \$25,000 or less; 56 percent vs. 38 percent, p < .05). In contrast, in the general population,²² the rate of reported alcohol use was higher among young adults from the lowest and highest income level households than among those from middle income level households.

The reported use of marijuana, cocaine, or other illegal drugs did not differ by household income level for young adults with disabilities or their peers in the general population.

Summary

This fact sheet provides a national picture of substance use by young adults with disabilities. When asked about their experiences in the past 30 days, more than half reported not consuming alcohol, 7 in 10 reported not smoking, more than 8 in 10 reported not using marijuana, and almost all reported not using cocaine or other illegal drugs. Alcohol consumption was the most frequently reported type of substance use.

Reported substance use, including smoking, alcohol consumption, and use of marijuana and other illegal drugs, varied by disability category. Young adults with emotional disturbances were more likely than those in almost all other disability categories to report smoking cigarettes, drinking, and using marijuana or other illegal drugs. Young adults with learning disabilities were also more likely than those in many other disability categories to report smoking, drinking, and marijuana use.

Substance use also varied somewhat by demographic characteristics. Male young adults with disabilities were more than twice as likely as females to report smoking marijuana. White young adults with disabilities were more likely than African American or Hispanic peers to report daily cigarette smoking during the past 30 days. Reported alcohol use was higher among young adults with disabilities from households with higher income levels than among those from lower income households.

When these young adults with disabilities were in high school, more than half received substance abuse prevention education or services from their schools in a given school year.

Young adults with disabilities were less likely than those in the general population to report drinking alcohol and using any illegal drugs.²³ In addition, among cigarette smokers, young adults with disabilities smoked fewer cigarettes per day than did those in the general population.

²¹ The income variable is based on the parents' household income, independent of whether young adults lived with their parents.

²² NLTS2 household income is categorized as \$25,000 or less, \$25,001-\$50,000, and more than \$50,000. NSDUH categories of household income are \$19,999 or less, \$20,000-\$49,999, and \$50,000 or more.

Young adults with disabilities were less likely than those in the general population to report using marijuana, illegal drugs other than marijuana or cocaine, and any illegal drugs overall. No significant differences between young adults with disabilities and those in the general population were found for cocaine use.

References

- Barrett, N., and Paschos, D. (2006). Alcohol-Related Problems in Adolescents and Adults With Intellectual Disabilities. *Current Opinion in Psychiatry, 19*: 481-485.
- Blum, R.W., Kelly, A., and Ireland, M. (2001). Health-Risk Behaviors and Protective Factors Among Adolescents With Mobility Impairments and Learning and Emotional Disabilities. *Journal* of Adolescent Health, 28(6): 481-490.
- Gilson, S.F., Chilcoat, H.D., and Stapleton, J.M. (1996). Illicit Drug Use by Persons With Disabilities: Insights From the National Household Survey on Drug Abuse. *American Journal of Public Health*, 86(11): 1613-1615.
- Hogan, A., McLellan, L., and Bauman, A. (2000).Health Promotion Needs of Young People With Disabilities—A Population Study. *Disability and Rehabilitation*, 22: 352-357.
- Katims, D., Zapata, J., and Yin, Z. (1996). Risk Factors for Substance Abuse by Mexican American Youth With and Without Learning Disabilities. *Journal of Learning Disabilities*, 29: 213-219.
- McCrystal, P., Percy, A., and Higgins, K. (2007). Substance Use Behaviors of Young People With a Moderate Learning Disability: A Longitudinal Analysis. *The American Journal of Drug and Alcohol Abuse*, 33(1): 155-161.
- McGillicuddy, N.B. (2006). A Review of Substance Use Research Among Those With Mental Retardation. *Mental Retardation and Developmental Disabilities Research Reviews, 12*: 41-47.
- Milberger, S., Biederman, J., Faraone, S.V., Chen, L., and Jones, J. (1997). Further Evidence of an Association Between Attention Deficit/
 Hyperactivity Disorder and Cigarette Smoking: Findings From a High-Risk Sample of Siblings.

 The American Journal on Addictions, 6(3): 205-217.

- Moore, D., and Siegal, H. (1989). Double Trouble: Alcohol and Other Drug Use Among Orthopedically-Impaired College Students. *Alcohol Health and Research World*, *13*: 118-123.
- National Institute on Drug Abuse. (2007). *Drug Abuse and Addiction: One of America's Most Challenging Public Health Problems*. Retrieved August 6, 2007, from http://www.nida.nih.gov/about/welcome/aboutdrugabuse/index.html.
- Park, M.J., Mulye, T.P., Adams, S.H., Brindis, C.D., and Irwin, Jr., C.E. (2006). The Health Status of Young Adults in the United States. *Journal of Adolescent Health*, 39: 305-317.
- Rurangirwa, J., Braun, K.V.N., Schendel, D., and Yeargin-Allsopp, M. (2006). Healthy Behaviors and Lifestyles in Young Adults With a History of Developmental Disabilities. *Research in Developmental Disabilities*, 27: 381-399.
- Substance Abuse and Mental Health Services Administration. (2007). Alcohol and Other Drugs. Retrieved August 6, 2007, from http://preventionpathways.samhsa.gov/res_fact_drugs.htm.
- Udry, J.R. (2003). The National Longitudinal Study of Adolescent Health (Add Health), Waves I & II, 1994-1996; Wave III, 2001-2002 [machine-readable data file and documentation]. Chapel Hill, NC: Carolina Population Center, University of North Carolina at Chapel Hill.
 - This research uses data from Add Health, a program project designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris, and funded by a grant P01-HD31921 from the National Institute of Child Health and Human Development, with cooperative funding from 17 other agencies. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Persons interested in obtaining data files from Add Health should contact Add Health, Carolina Population Center, 123 W. Franklin Street, Chapel Hill, NC 27516-2524 (addhealth@unc.edu).

- U.S. Department of Education. (2002). Twenty-fourth Annual Report to Congress on the Implementation of the Individuals With Disabilities Education Act. Washington, DC: Author.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2006). National Survey on Drug Use and Health, 2005 [Computer file]. ICPSR04596-v1. Research Triangle Park, NC: Research Triangle Institute [producer], 2006. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2006-11-16.



www.ed.gov

ies.ed.gov

The National Longitudinal Study-2 (NLTS2) has been funded with federal funds from the U.S. Department of Education, Institute of Education Sciences, under contract number ED-01-CO-0003. The content of this publication does not necessarily reflect the views or policies of the U.S. Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

This fact sheet was prepared for the Institute of Education Sciences under Contract No. ED-01-CO-0003. The project officer is David Malouf in the National Center for Special Education Research.

The NLTS2 website—www.nlts2.org—provides access to all NLTS2 reports and data tables.